

# Congress of the United States

Washington, DC 20515

December 12, 2001

Howard K. Koh, MD, MPH  
Commissioner  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

Dear Dr. Koh:

We are writing to express our concern about the safety of the citizens of the Commonwealth of Massachusetts in the aftermath of an act of sabotage against a nuclear power plant in the region, and to urge your Department to reverse its opposition to the stockpiling and distribution of potassium iodide to protect the public in the event of a radiological accident. On December 10, 2001, the FDA issued its Guidance: Potassium Iodide as a Thyroid Blocking Agent in Radiation Emergencies, in which it finds that "the effectiveness of KI as a specific blocker of thyroid radioiodine uptake is well established, as are the doses necessary for blocking uptake. As such, it is reasonable to conclude that KI will likewise be effective in reducing the risk of thyroid cancer in individuals or populations at risk for inhalation or ingestion of radioiodines."

The tragic events of September 11<sup>th</sup> have underscored the fact that terrorist groups are willing to launch attacks of unprecedented destructive force on our nation. Published statements by Osama Bin Laden and his followers provide evidence that terrorist groups may seek to acquire nuclear weapons or launch destructive attacks on nuclear power plants. For example Salahuddin Khaled, a bin Laden follower being held in prison by the Northern Alliance, stated that the World Trade Center and Pentagon were not the best targets for terrorist attacks: "In America, there are more important places, like atomic plants and reactors [that] they could attack." A successful attack against a nuclear power plant could result in a massive release of radioactive materials with devastating consequences for public health, which could disproportionately affect vulnerable subpopulations, such as young children. While evacuation and sheltering are prudent responses to a radiological catastrophe, they are not the only options available. We must be fully prepared.

Studies done on children exposed to radioactive iodine released during the Chernobyl accident concluded that thousands of children developed thyroid cancers and other thyroid diseases as a direct result of the accident. Children were identified as the population most vulnerable to exposure to radioactive iodine. As demonstrated by studies done on Polish children, to whom potassium iodide (KI) was given after Chernobyl, these diseases could have been prevented with the administration of even a single dose of KI. Potassium iodide,

when administered before or immediately after exposure, is nearly 100% effective in blocking the thyroid gland from absorbing radioactive iodine.

In a September 20, 2000 letter on the subject, your office states that "the Department will continue to support stockpiling KI to be made available for emergency workers and institutionalized patients, but does not support stockpiling KI for the general public." We are troubled by the policy of making potassium iodide available to the Commonwealth's prisoners and hospital patients, but not its children.

Your letter states that your decision was made upon the advice of the Governor's Advisory Council on Radiation Protection (ACRP), which concluded that "the material available for review does not support the premise nor the probability that large releases of radioactive iodine would occur in accidents at commercial power plants in this Country, as did occur in the accident at Chernobyl." We question the validity of this determination, and note that the Nuclear Regulatory Commission reached a contrary conclusion earlier this year when it revised its emergency response regulations to require consideration of stockpiling and distribution of potassium iodide. We would also point out that regardless of your assessment of the probability of another Three Mile Island or Chernobyl-style accident, we are now in a new environment in which our nation must be prepared for the possibility that a group of well-equipped, technically sophisticated, suicidal terrorists might attack a nuclear power plant with the intent of harming as many people as possible. The terrorist scenario alone requires a reevaluation of the prudence of KI stockpiling since it is not based on the presumption that U.S. nuclear power plants are invulnerable to a Chernobyl-scale accident.

We also note that the ACRP report seeks to minimize the importance of potassium iodide by mentioning that there are "other radioisotopes of importance" than radioactive iodines. However, the World Health Organization, Nuclear Council on Radiation Protection and Measurements, and many other agencies agree that exposure to radioactive iodine is the primary physical health risk other than direct acute exposure to ionizing radiation and that the thyroid is the single most radiation-sensitive organ in the body.

We agree with the ACRP that "the proper protective actions would be evacuation and sheltering," and that KI should be given to people "whose evacuation, in the unlikely event of a nuclear reactor emergency, may be delayed." We can easily imagine a scenario in which people trying to flee the affected area are unable to get away quickly because of traffic jams, adverse weather conditions, or other unforeseen circumstances. We believe children are particularly vulnerable and should be protected from thyroid disease while they are fleeing. Within four hours of exposure, the effectiveness of potassium iodide at blocking the absorption of radioactive iodine drops to 50%. That is why local stockpiles must be available, with a detailed plan for distribution, well before the

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release of radiation. These stockpiles should be both in individual homes and schools so that they are available immediately no matter what time of day or night a catastrophe occurs.

Finally, there is the issue of cost. While it is true that individuals can purchase packets of KI pills over-the-counter, the Nuclear Regulatory Commission determined earlier this year that potassium iodide was a "reasonable, prudent and inexpensive supplement to evacuation and sheltering." The NRC has revised its emergency response regulations to urge that consideration be given to stockpiling potassium iodide as a protective measure for the general public, and has agreed to pay for potassium iodide in states that request such assistance. Therefore, potassium iodide can be placed in the hands of every family that needs it at no cost to them. However, under current NRC regulations, your office must first request such assistance.

We strongly urge you to reconsider your current policy on potassium iodide and begin stockpiling and distributing this substance in order to protect our constituents and their children from an act of nuclear terrorism or sabotage.

Sincerely,



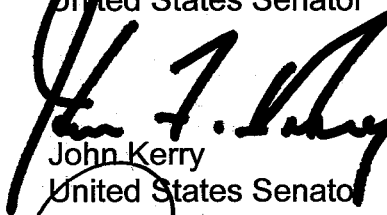
Edward J. Markey  
Member of Congress



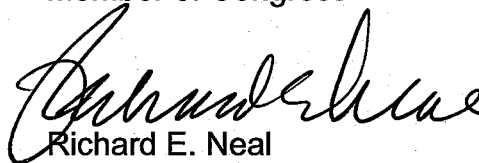
Edward Kennedy  
United States Senator



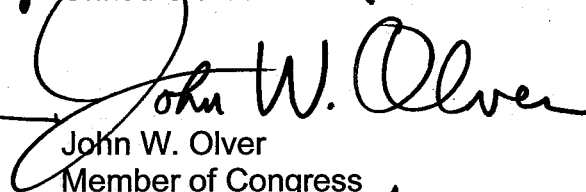
Barney Frank  
Member of Congress



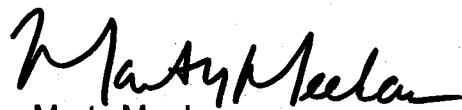
John Kerry  
United States Senator



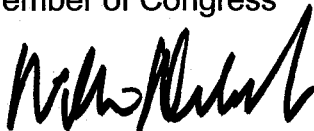
Richard E. Neal  
Member of Congress



John W. Olver  
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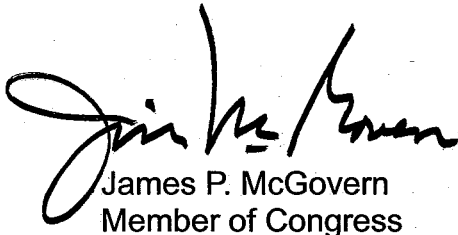


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